

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER	2. CONTRACT NUMBER <i>(If any)</i>	6. SHIP TO:	
3. ORDER NUMBER	4. REQUISITION/REFERENCE NUMBER	a. NAME OF CONSIGNEE	
5. ISSUING OFFICE <i>(Address correspondence to)</i>		b. STREET ADDRESS	
7. TO:		c. CITY	d. STATE e. ZIP CODE
a. NAME OF CONTRACTOR		f. SHIP VIA	
b. COMPANY NAME		8. TYPE OF ORDER	
c. STREET ADDRESS		<input type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY -- Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.
d. CITY	e. STATE f. ZIP CODE	REFERENCE YOUR: _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
9. ACCOUNTING AND APPROPRIATION DATA		10. REQUISITIONING OFFICE	
11. BUSINESS CLASSIFICATION <i>(Check appropriate box(es))</i>			12. F.O.B. POINT
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB			
13. PLACE OF		14. GOVERNMENT B/L NUMBER	15. DELIVER TO F.O.B. POINT ON OR BEFORE <i>(Date)</i>
a. INSPECTION	b. ACCEPTANCE		16. DISCOUNT TERMS

17. SCHEDULE *(See reverse for Rejections)*

ITEM NUMBER (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NUMBER		17(h) TOT. ◁ <i>(Cont. pages)</i>
	21. MAIL INVOICE TO:				
	a. NAME				
	b. STREET ADDRESS <i>(or P.O. Box)</i>				
	c. CITY	d. STATE	e. ZIP CODE	\$	17(i) ◁ GRAND TOTAL

22. UNITED STATES OF AMERICA BY <i>(Signature)</i> ▷	23. NAME <i>(Typed)</i>
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SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$ _____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: inspected, accepted, received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL	DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOVERNMENT REPRESENTATIVE	DATE
	FINAL			
TOTAL CONTAINERS	GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

ITEM NUMBER	SUPPLIES OR SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION